

REVIEWED BY

6/1/14

request for hearing must be submitted before the indicated correction date

<p>A REGULAR INSPECTION WAS CONDUCTED ON THIS DAY BASED ON COMPLAINT NO. 16-0241 REGARDING FOOD IN DRINK COOLERS, FOOD OVERFLOW IN FREEZERS IN KITCHEN, FOOD NOT PROPERLY STORED CORRECTLY, WORKERS DONT WALK HAVE PROPER FOOT ATTIRE - WEARING SLIPPERS, SOME HAVE NO HEALTH CERTIFICATES, FOOD IS WARM FROM THE TIME THEY ENTERED TO ABOUT 5PM; THERE ARE FOOD THAT HAVE NO LABEL OR PERMIT NO. ON THEM, SOME VENDORS DONT HAVE PERMITS TO MAKE FOOD BUT SELL AT THIS STORE.</p> <p>PREVIOUS INSPECTION CONDUCTED ON 4/17/15 (2/A) PREVIOUS VIOLATION WAS CORRECTED THE FOLLOWING NEW VIOLATIONS WERE OBSERVED.</p>			
#3	<p>OBSERVED SHELFED EGGS, SAUSAGE, HAM, BACON, ROAST AND CHICKEN WINGS NOT HELD AT PROPER COOL HOLDING TEMPERATURES. TEMPERATURES ARE AS FOLLOWS:</p> <ul style="list-style-type: none"> EGGHELD EGGS - 82°F / 91°F / 96.7°F ROAST - 53°F HAM - 50°F CHICKEN WINGS - 55°F BACON - 54°F SAUSAGE - 50°F 	6	6/6/16

I have read and understand the above violation(s) and I am aware of the corrective measures that I must take.

***Note: When any of the following items are cited above, they shall be corrected within 10 days of this inspection:**

Received By. (Name & Title):

DEH Inspector (Name & Title)

(1), (3), (11), (12), (27), (28), (30), (41) & (45).

CBR-120401

L. GARCIA FORT

DEPARTMENT OF PUBLIC HEALTH AND SOCIAL SERVICES
DIVISION OF ENVIRONMENTAL HEALTH
EATING & DRINKING ESTABLISHMENT / FOOD ESTABLISHMENT
INSPECTION REPORT

REASON		GRADE	Inspection Date: 5/27/16		ESTABLISHMENT NAME: CHODE	
Regular	<input checked="" type="checkbox"/>	32	Time In	Time Out	OWNER/OPERATOR: CHODE, INCORPORATED	
Follow-Up	<input checked="" type="checkbox"/>		3:10 PM	6:00		
Complaint	<input checked="" type="checkbox"/>	RATING C	Sanitary Permit No.: 20000-10002914		LOCATION: AGANA, GU LOT 2 BLK 17 9TH ST.	Establishment Type: MANUFACTURER
Investigation	<input type="checkbox"/>					
Other:	<input type="checkbox"/>			PERMIT STATUS: <input checked="" type="checkbox"/> Valid <input type="checkbox"/> Temporary <input type="checkbox"/> Expired		

The following items identify violations found this day in the operations and facilities which must be corrected by the next inspection, or sooner, as the Department indicates. Non-compliance may result in downgrading or permit suspension. To appeal, a written request for hearing must be submitted before the indicated correction date.

ITEM*	REMARKS	DEMERIT	CORRECT BY
	THE SHELVED EGGS WAS RECEIVED AT 10:00AM 5/27/16 AND WAS STORED ON THE KITCHEN FLOOR AT ROOM TEMPERATURE. THE CASE OF EGGS WAS DISCARDED BY DEH AND PHOTOS WERE TAKEN. ALL OTHER MEAT PRODUCTS THAT WERE HELD AT IMPROPER TEMPERATURES WERE PROCESSED FOR SERVICE.		8
	ALL POTENTIALLY HAZARDOUS FOOD SHALL BE KEPT AT 41°F OR BELOW OR 140°F OR ABOVE TO PREVENT THE GROWTH OF BACTERIA.		
#7	NO THERMOMETERS PROVIDED IN CHILL UNITS AND FREEZERS UNITS. THERMOMETERS SHALL BE PROVIDED TO MONITOR TEMPERATURE OF THE UNITS.	2	6/26/16
#8	FOOD IN FREEZERS UNITS NOT PROPERLY SEPARATED AND PROTECTED. FOOD SHALL BE SEPARATED AND ORGANIZED TO PREVENT CROSS-CONTAMINATION.		
#9	OBSERVED 2 EMPLOYEES WEARING SLIPPERS AND NO HAIR RESTRAINTS.		

I have read and understand the above violation(s) and I am aware of the corrective measures that I must take.

*Note: When any of the following items are cited above, they shall be corrected within 10 days of this inspection:

(1), (3), (11), (12), (27), (28), (30), (41) & (45).

Received By (Name & Title):

DEH Inspector (Name & Title):

Michael S. [Signature]
Nathaniel Buehler EDH01 [Signature]
 T.1210 DEH11 871 - 1.0.000A EDH01 11.1

REASON		GRADE	Inspection Date:		ESTABLISHMENT NAME:	
Regular	<input checked="" type="checkbox"/>		5/27/16		CNODE	
Follow-Up	<input checked="" type="checkbox"/>	32	Time In	Time Out	OWNER/OPERATOR:	
Complaint	<input checked="" type="checkbox"/>		3:10	8:00	CNODE, INCORPORATED	
Investigation	<input type="checkbox"/>	RATING	LOCATION:			Establishment Type:
Other:	<input type="checkbox"/>	C	Sanitary Permit No.:			MANUFACTURER
			20000-15002914			PERMIT STATUS: <input checked="" type="checkbox"/> Valid <input type="checkbox"/> Temporary <input type="checkbox"/> Expired

ITEM*	REMARKS	DEMERIT	CORRECT BY
	ALL EMPLOYEES DEMONSTRATE PERSONAL CLEANLINESS TO PREVENT CONTAMINATION OF FOOD.		
#21	MULTIPLE WIPING CLOTHS OBSERVED ON PREPARATION TABLES AND NOT STORED IN SANITIZING SOLUTION. ALL WIPING CLOTHS SHALL BE STORED IN SANITIZING SOLUTION TO ENSURE CLOTHS ARE SANITARY BEFORE USE.	4	6/26/16
#22	OBSERVED WASHING MACHINE PIPE LOCATED AT THE SIDE OF THE ESTABLISHMENT ALLOWING WASTEWATER TO DRAIN DIRECTLY TO GROUND; OBSERVED POOLING OF WASTEWATER NEXT TO PIPE. WASTEWATER SHALL BE PROPERLY DISPOSED TO AN APPROVED SEWAGE SYSTEM.	6	6/6/16
#35	NO SELF-CLOSING DEVICE LOCATED AT BOTH DOOR ENTRANCES; GAP AT FRONT ENTRANCE DOOR. SELF CLOSING DEVICE SHALL BE INSTALLED IN ORDER TO PREVENT PEST FROM ENTERING	4	6/26/16

~~(1), (3), (11), (12), (27), (28), (30), (41) & (45)~~

T. Chen 2020/07/16 16:24 #200

DEPARTMENT OF PUBLIC HEALTH AND SOCIAL SERVICES
DIVISION OF ENVIRONMENTAL HEALTH
EATING & DRINKING ESTABLISHMENT / FOOD ESTABLISHMENT
INSPECTION REPORT

REASON	GRADE	Inspection Date:	ESTABLISHMENT NAME:
Regular	32	5/27/16	CHUDE
Follow-Up		Time In	Time Out
Complaint		3:40	8:00
Investigation	RATING	Sanitary Permit No.	LOCATION:
Other:	C	20000-50002918	AGANA
		PERMIT STATUS:	Establishment Type:
		Valid	MANUFACTURE
		Temporary	
		Expired	

The following items identify violations found this day in the operations and facilities which must be corrected by the next inspection, or sooner, as the Department indicates. Non-compliance may result in downgrading or permit suspension. To appeal, a written request for hearing must be submitted before the indicated correction date.

ITEM*	REMARKS	DEMERIT	CORRECT BY
#42	OUTER AREA OBSERVED TO BE GENERALLY UNCLEAN; OVERFLOWING TRASH BINS WITH NO COVER; EMPTY BOXES AND BUCKETS; A TIRE WAS OBSERVED.	2	6/26/16
	THE REAR UNAPPROVED KITCHEN WAS BEING UTILIZED; OBSERVED CARDBOARD BOXES AND UNNECESSARY ARTICLES IN THE AREA; THE WALL ABOVE THE WAREWASHING SINK IN THE SAME KITCHEN HAD BUILDUP OF OIL AND GREASE.		
	THE FACILITY SHALL BE KEPT CLEAN IN ORDER TO ENSURE SANITARY OPERATION.		
	OWNER SHALL SEEK ADVICE FOR THE EXTENSION OF THE REAR KITCHEN IN ORDER TO OBTAIN A SANITARY PERMIT FROM THE DEPARTMENT.		
	REMOVED "A" PLACARD NO 02124		
	POSTED "C" PLACARD NO. 00270		
	ISSUED A LETTER OF WARNING AND A FOLLOW-UP RE-INSPECTION REQUEST FORM.		
	BRIEFED SHEILA SAN AGUSTIN, PIC.		

I have read and understand the above violation(s) and I am aware of the corrective measures that I must take.

*Note: When any of the following items are cited above, they shall be corrected within 10 days of this inspection:

(1), (3), (11), (12), (27), (28), (30), (41) & (45).

Received By (Name & Title):

Sheela San Agustin

DEH Inspector (Name & Title):

Valdame Bueche



DEPARTMENT OF PUBLIC HEALTH AND SOCIAL SERVICES

GOVERNMENT OF GUAM
P. O. BOX 2816
HAGATNA, GUAM 96932



Date: 5/27/16

CHORTE

Name of Establishment

As a result of this inspection, your establishment received a:

☒ LETTER OF WARNING

32/C

(Dement/Grade Points)

Once you have corrected all violations cited on your establishment's inspection report, you must provide us a written request for re-inspection to include a description of the corrective measures that you have implemented. If we do not receive a written re-inspection request from you, we will conduct a follow-up inspection after ten (10) Government of Guam working days from the official receipt of this notice to ensure that corrective measures have been taken.

Failure to correct violations may result in the closure of your establishment pursuant to section 21109(b) of 10GCA, Chapter 21.

☐ NOTICE OF CLOSURE

(Dement/Grade Points)

Once you have corrected all violations cited on your establishment's inspection report, you should provide us a written request for re-inspection to include a description of the corrective measures that you have implemented. Unlike an establishment who has received a letter of warning, an establishment shall remain closed unless a written request for re-inspection is made. Under 10GCA §21109(b), you may request a hearing within five (5) Government of Guam working days of the date of this notice.

We look forward to working closely with you as partners in promoting health and sanitary practices on Guam. If you need further assistance, you can reach us at 735-7215 or (fax) 734-5556. Si Yu'us Ma'ase.

Sincerely,

James W. Galan
Director

Issued By:

Katherine Duenas, RPH
Name of Inspector

J. GARCIA RPH

Received By:

Shirley S. Lopez
Establishment Representative